



## Best Case/Worst Case: Neurology

A communication tool for making serious decisions in the face of prognostic uncertainty. Use it to help patients and families understand the range of possible outcomes and support them in making values-based decisions.

### How to use BC/WC: Neurology

#### 1. Share the serious news with patients and families.

*"I'm afraid I have some bad news."*

*"I wish I had better news."*

#### 2. Identify a choice (e.g. life-prolonging therapy versus comfort care).

#### 3. Create a graphic aid (see reverse).

#### 4. Use storytelling to describe the best, worst and most likely scenarios (see reverse).

#### 5. Elicit values and preferences. If a patient or family member simply states their decision, you don't have enough data.

*"Tell me how you're thinking about this."*

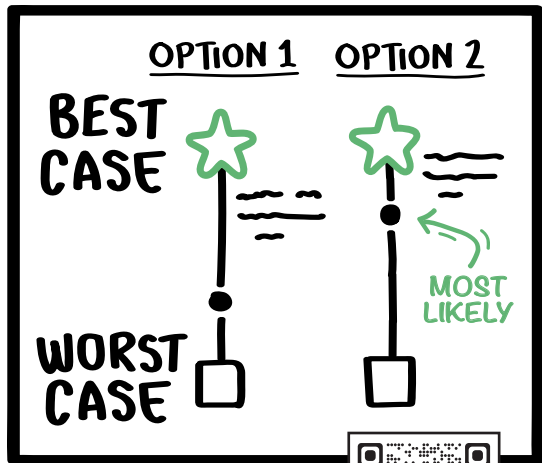
*"What's most important to you right now?"*

*"It sounds like you've already decided. Help me understand how you arrived there."*

#### 6. Make a recommendation.

*"I understand that XYZ is important to you. I worry that..."*

*"Based on that information, I recommend..."*



Watch the  
YouTube Tutorial:



baker@neurology.wisc.edu  
 Jessica.Besbris@cshs.org  
 Neha\_Kramer@rush.edu

## Tips for Creating a Graphic Aid:

1. **TRANSLATE** your clinical knowledge into stories describing the best, worst and most likely scenarios. Incorporate relevant co-morbidities.
2. **INCLUDE** information about proposed treatments, location of care, expected level of function.
3. **DISCUSS** time ranges for recovery and/or survival (e.g. days-weeks, weeks-months, months-years).
4. **AVOID** statistics. Instead, interpret the data for your patient by telling a story. Focus on functional outcomes and be sure to incorporate your patient's values into the story.
5. **SHARE** the handwritten graphic aid with patients and families to extend the reach of your conversation.